

Exhibit B

Comptroller of Public Accounts
FORM 05-102 (Rev. 9-11/30)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

3 2 0 3 9 1 8 8 2 8 2

Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name

ACQIS LLC

Mailing address

1503 GRANT RD STE 100Secretary of State (SOS) file number or
Comptroller file number

City

MOUNTAIN VIEW

State

CA

ZIP Code

94040

Plus 4

0801103635

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3203918828221

SECTION A Name, title and mailing address of each officer, director or manager.

Name BILL CHU	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address 1503 GRANT ROAD SUITE	City MOUNTAIN VIEW	State CA	ZIP Code 94040
Name BILL CHU	Title TREASURER	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address 1503 GRANT ROAD SUITE 100	City MOUNTAIN VIEW	State CA	ZIP Code 94040
Name BILL CHU	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address 11503 GRANT ROAD SUITE 100	City MOUNTAIN VIEW	State CA	ZIP Code 94040

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **C T CORPORATION SYSTEM**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **1999 BRYAN ST., STE. 900**

City

DALLAS

State

TX

ZIP Code

75201

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

Joe H Hicks CPA

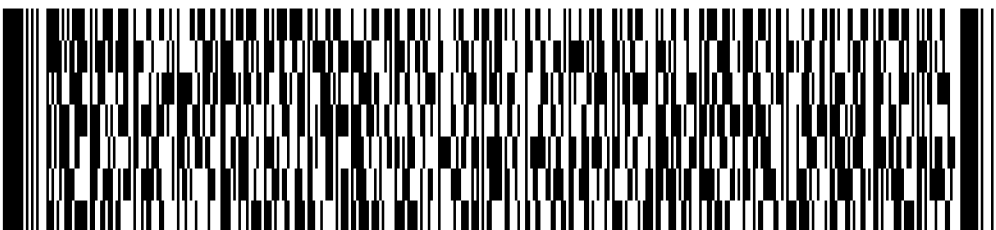
Title

Electronic

Date

06-15-2021

Area code and phone number

(972) 329 - 5040**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Name BILL CHU	Title SECRETARY	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 1503 GRANT ROAD SUITE 100	City MOUNTAIN VIEW	State CA	ZIP Code 94040
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

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sign here

Joe H Hicks CPA

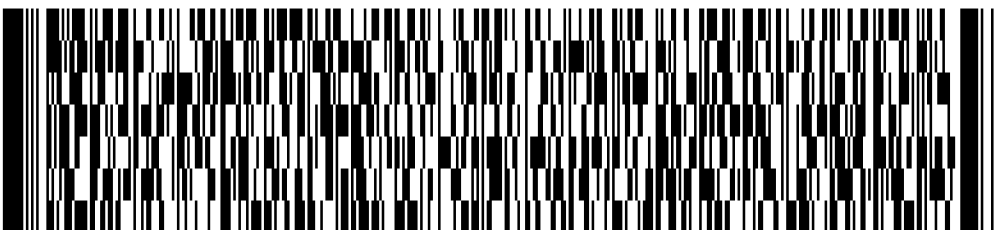
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